

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33678

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2435

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Kirkwoodc. LENGTH OF
STAY (in this place)
12 yrsd. FULL NAME OF
HOSPITAL OR
INSTITUTION 410 Gill Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Kirkwoodd. STREET
ADDRESS

(If rural, give location)

122 W. Adams Ave.

3. NAME OF
DECEASED
(Type or Print)

a. (First)

FRANCIS

b. (Middle)

HECTOR

c. (Last)

MORGAN

4. DATE

(Month)

(Day)

(Year)

OF

DEATH

Sept. 19, 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 16, 1879

9. AGE (in years
last birthday)

72

IF UNDER 1 YEAR

Months

11

Days

3

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Bookkeeper10b. KIND OF BUSINESS OR IN-
DUSTRY
Oak Hill Cem.

11. BIRTHPLACE (State or foreign country)

Ottawa, Canada

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Henry J. Morgan

13b. MOTHER'S MAIDEN NAME

Emily Richards

14. NAME OF HUSBAND OR WIFE

Norah Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY
346-16-6204

17. INFORMANT'S SIGNATURE OR NAME

Mrs Norah Morgan 122w Adams Kirkwood

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

2 days

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1952 to Sept 19, 1952; that I last saw the deceased
alive on Sept 19, 1952 and that death occurred at 12:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE:

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

9-22-1952

24c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24d. LOCATION (City, town, or county)

Kirkwood, Mo.

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Louis H. Bopp, Inc. Kirkwood, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Felix H. H. and

Licensed Embalmer No. "3034"

P. O. Address *1st Wood 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.